

09/26/2026

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| 41 | ✓ |
| 42 | ✓ |
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| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 51 | |
| 52 | |
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| 56 | |
| 57 | ✓ |
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| 59 | N |
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| 69 | |
| 70 | N |
| 71 | ✓ |
| 72 | N |
| 73 | N |
| 74 | ✓ |
| 75 | N |
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| 79 | N |
| 80 | ✓ |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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